

Office of Administration  
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed

Client Name:

Date Enrolled:

5/15/17

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6/7/17	CAR PAYMENT	575.70	MOU is my MEDICAL HOME
AMOUNT TO BE REIMBURSED		400	

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov) by the Contractor only!

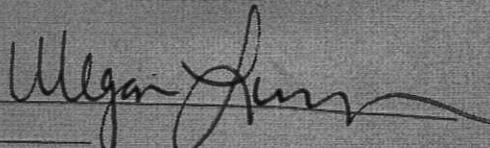
Thank you.

Authorized person requesting purchase:

Approved for purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_





## ALTERNATIVES TO ABORTION PROGRAM

### Assistance Request

This form is to be completed by an NFN Nurse ONLY and must be completed entirely for timely approval and submission.

DATE: 10 / 7 / 17 CLIENT NAME: [REDACTED]

The above named client is requesting assistance through NFN's ATA Program for the following:

Rent

(if new request, a W-9 and Lease MUST accompany this form)

Utility

(if Ameren, provide account number and account holder's name; if Laclede, provide bill)

Transportation

(if new request, no additional information is needed; if repeat request for gas card ONLY, please provide receipts)

Other

(Pre-Authorization Request and documentation of the bill/invoice/etc. to be paid MUST accompany this form)

Landlord/Utility/Other NAME: Allie Auto

BILL TOTAL: \$500.00 AMOUNT YOU ARE PAYING: \$ 515.70 AMOUNT REQUESTED: \$500.00

OTHER RESOURCES ATTEMPTED FOR ASSISTANCE (must list at least three):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Agency Representative: \_\_\_\_\_  
Agency Representative: \_\_\_\_\_  
Agency Representative: \_\_\_\_\_

I understand this is a one-time payment. This assistance is intended to assist you in the delivery of a healthy baby or in keeping your child on target developmentally. I have completed a Budget Form and Individualized Pregnancy Continuation Plan (IPCP) with my nurse in order to ensure my ability to pay this bill in the future.

10/17  
(date)

10/17  
(date)

IPCP Completed/Submitted: \_\_\_\_\_ (initial)

Budget Form Completed: \_\_\_\_\_ (initial)

Date Received: \_\_\_\_\_

Date Pledged/Submitted for Payment: \_\_\_\_\_

## Ally Financial Inc.

ally®		Questions? Visit ally.com/auto or call 888-925-ALLY (2559)																					
Statement reflects payment(s) received through: 05/26/17																							
<b>Account Summary</b>																							
<b>Next Payment</b>		<b>Past Due Payments</b>			<b>Other Unpaid Amounts</b>																		
Due Date: 06/19/17 Monthly Amount: \$284.54		Due Date: 05/19/17 Total: \$284.54			Late Charge: \$9.54 Miscellaneous: \$0.00 Extension Fee: \$0.00																		
Total: \$284.54		Total: \$281.62			Total: \$9.54																		
<b>STATEMENT TOTAL: \$575.70</b>																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;">Due Date</th> <th style="width: 12.5%;">Scheduled Payment</th> <th style="width: 12.5%;">Date Paid</th> <th style="width: 12.5%;">Unpaid Balance</th> <th style="width: 12.5%;">Finance Charge</th> <th style="width: 12.5%;">Late Charge</th> <th style="width: 12.5%;">Other Charge</th> <th style="width: 12.5%;">Total Paid</th> </tr> </thead> <tbody> <tr> <td>04/19/17</td> <td>284.54</td> <td>04/26/17</td> <td>261.26</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>261.26</td> </tr> </tbody> </table>								Due Date	Scheduled Payment	Date Paid	Unpaid Balance	Finance Charge	Late Charge	Other Charge	Total Paid	04/19/17	284.54	04/26/17	261.26	0.00	0.00	0.00	261.26
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<b>Account Information</b>				<b>Important Account Message</b>																			
				<p style="margin: 0;">REMAINING UNPAID BALANCE \$13,948.94. THIS AMOUNT DOES NOT INCLUDE FINANCE CHARGES AND OTHER UNPAID AMOUNTS. PLEASE CALL US FOR YOUR PAYOFF.</p>																			
<p><b>Message from GMT Auto Sales:</b> We appreciate your business. As a loyal customer, we want to continue to be your preferred dealership by providing the best possible purchase and service experience. We have thousands of dollars in inventory available on the most popular models.</p>				<p>Saving for a big purchase? No need to switch banks. Just open an Ally Bank Online Savings Account - you'll earn interest rates that are among the most competitive in the country. Plus, there's no minimum balance to open and no monthly maintenance fees. To learn more, visit allybank.com. Ally Bank, Member FDIC.</p>																			
<p><b>Don't Want to Mail Your Payment? We have Options:</b></p> <ul style="list-style-type: none"> <li> <b>Automatic Payments</b> – Allows your payment to be conveniently transferred from your checking or savings account to Ally, at no cost to you. Please visit <a href="http://ally.com/auto">ally.com/auto</a> for more information.</li> <li> <b>Online Payments and Billing Statements</b> – Register for Ally Online Services at <a href="http://ally.com/auto">ally.com/auto</a>, add your account, then schedule one-time payments at your convenience or go green with e-statements, at no cost to you.</li> <li> <b>Payments by phone or payments online by debit cards</b> – To hear available options call 888-925-2559. A third party service provider fee may apply.</li> </ul>																							
<p><b>Contact Information:</b> You can reach us by visiting <a href="http://ally.com/auto">ally.com/auto</a> or call us at <b>888-925-ALLY(2559)</b></p> <p style="margin-top: 2px;">Do not send cash or post-dated checks. All checks will be processed upon receipt. Make checks payable to <b>ALLY</b>. Return the portion below with your payment to the Payment Processing Center address below.</p>																							
<p>0000-0000</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center; padding: 5px;"> </td> <td style="width: 33.33%; text-align: center; padding: 5px;"> <b>DUE DATE:</b> 06/19/17  <b>ACCOUNT NUMBER:</b>   <b>STATEMENT TOTAL:</b> \$575.70  <b>TOTAL AMOUNT PAID:</b> \$ _____         </td> <td style="width: 33.33%; text-align: center; padding: 5px;"> <b>PAYMENT PROCESSING CENTER</b>            PO BOX 9001951            LOUISVILLE KY 40290-1951   </td> </tr> </table> <p>PO BOX 380902 BLOOMINGTON MN 55438-0902</p> <p></p>									<b>DUE DATE:</b> 06/19/17 <b>ACCOUNT NUMBER:</b> <b>STATEMENT TOTAL:</b> \$575.70 <b>TOTAL AMOUNT PAID:</b> \$ _____	<b>PAYMENT PROCESSING CENTER</b> PO BOX 9001951 LOUISVILLE KY 40290-1951  													
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